



Town of North Stonington  
Planning and Zoning Commission

## Application for Special Permit

Application Number:

Receipt Date:

### Applicant Information:

Name:

Mailing Address:

Contact Info:

Phone:  Fax:  E-mail:

### Owner of Record:

Name:

Mailing Address:

Contact Info:

Phone:  Fax:  E-mail:

### Project Leader\*

Name:

Mailing Address:

Contact Info:

Phone:  Fax:  E-mail:

**Property Location:**

### Assessor Parcel Information:

Map:

Lot:

### Zoning District Of Property:

R40 - R60 - R80 - C - HC - I - OR

### Restrictive Overlay Area:

N/A - VP - AP - SU

### Table of Use Section of the Zoning Regulations:

Residential - Community Facility - Commercial - Agricultural - Industrial

### Specific Use as Listed in the Table of Use:

**Detail of Use Requested:**

The applicant and property owner above are applying for a Special Permit as specified above and in accordance with the Zoning Regulations of the Town of North Stonington.

Date

Signature (Applicant)

Date

Signature (Property Owner of Record)

\*The Project Leader is the primary contact for the town.